



Agency Performance + Financial Stability Report

Purpose: The purpose of this form is for DPH to be able to provide a standardized and comprehensive performance and financial stability report on an agency's contracts and programs across the entire Department.

Instructions: DPH staff must complete one form per contracted agency. Additional instructions are located at the end of this document.

Part I: Financial and Performance Stability Summary

A. Agency Information

1. Agency Name:
2. Agency Address:
3. Agency CEO Name:
4. Agency CEO Email Address:

B. Current Agency Contracts

Provide the below requested information for ALL DPH contracts with the subject Agency. Add rows as needed.

	DPH Division <i>select primary owner of Contract</i>	Contract ID #	Purpose (Brief)	Term Start Date	Term End Date	Not-to-Exceed Amount	Date of Update
1	Division: Select one If Other: Enter division	CID#: Enter CID#	Purpose: Enter Contract Purpose.	Start Date: Select date	End Date: Select date	NTE: Enter NTE (\$)	Date: Select date
2	Division: Select one If Other: Enter division	CID#: Enter CID#	Purpose: Enter Contract Purpose.	Start Date: Select date	End Date: Select date	NTE: Enter NTE (\$)	Date: Select date



C. Performance + Financial Stability Concern Highlights

For the subject Agency, mark **ALL** areas that concern the agency's performance and financial stability and provide the requested information. Add additional rows, as necessary.

Area(s) to Flag - <i>select all that apply</i>	Date of Flag	Short Description	See Section
<input type="checkbox"/> Financial Mitigations and Obligations	Select date	Provide a concise description of the Flag (e.g., cost settlement recovery, Office of Compliance and Privacy Affairs audit recovery, overbilling recovery)	Select One
<input type="checkbox"/> Fiscal Monitoring & Analysis – BOCC	Select date	Provide a concise description of the Flag (e.g., High Risk, Elevated Concern).	Select One
<input type="checkbox"/> Program Performance and Compliance Monitoring	Select date	Provide a concise description of the Flag.	Select One
<input type="checkbox"/> Current Corrective Action Plan/ Technical Assistance Plan	Select date	Provide a concise description of the Flag.	Select One
<input type="checkbox"/> Early Warnings – Program, BOCC or CDTA	Select date	Provide a concise description of the Flag (i.e., System of Care, BOCC, or CDTA identifies and flags an area of concern during the course of a Contract). Note: Document the timeline and description of this early warning in Section H.	Select One
<input type="checkbox"/> Other	Select date	Provide a concise description of the Flag (e.g., Whistleblower Audit with Findings, Independent Chart Audit with Findings, etc.).	Select One



D. Agency Financial Mitigations and Obligations

FINANCIAL MITIGATIONS

Were Financial Mitigations granted to the subject agency? Select One

If “Yes”, provide the below requested information to report on Financial Mitigations granted to the subject agency. Add rows as needed.

	Fiscal Year	Contract ID #	IP Repayment Restructured?	Conversion from Fee for Service Invoice to Cost Reimbursement Invoice
1	FY: Enter FY	CID#: Enter CID#	Was the IP Repayment Restructured? ▸ Select One ▸ Provide explanation	Were there Cost Reimbursement Programs? ▸ Select One ▸ Provide explanation
2	FY: Enter FY	CID#: Enter CID#	Was the IP Repayment Restructured? ▸ Select One Provide explanation	Were there Cost Reimbursement Programs? ▸ Select One Provide explanation

FINANCIAL OBLIGATIONS

Were Financial Obligations granted to the subject agency? Select One

If “Yes”, provide the below requested information to report on Financial Obligations granted to the subject agency. Add rows as needed.

	Fiscal Year	Contract ID #	Financial Obligations	If Yes, Provide Explanation
1	FY: Enter FY	CID#: Enter CID#	Was there a Financial Obligation? ▸ Select One	If yes, provide explanation
2	FY: Enter FY	CID#: Enter CID#	Was there a Financial Obligation? ▸ Select One	If yes, provide explanation
3	FY: Enter FY	CID#: Enter CID#	Was there a Financial Obligation? Select One	If yes, provide explanation



E. Fiscal Monitoring & Analysis (BOCC)

GENERAL FINANCIAL ASSESSMENT

Provide the requested General Financial Assessment information below for the subject Agency.

Date of Assessment	Select date
Risk Level <i>(mark only one)</i>	<input type="checkbox"/> Low Risk: Low risk agencies are agencies that have solid financials and have the capability to absorb some losses in turbulent times. Such agency also has the financial capability to take on new programs and expand. <input type="checkbox"/> Moderate Risk: Moderate risk agencies are agencies that have good financial standing, but also requires close monitoring as there might be a few items that could tip the agency into financial trouble. <input type="checkbox"/> High Risk: Agency is experiencing financial issues and requires assistance and attention from DPH.
General Financial Assessment Statement	Enter a concise summary of BOCC’s General Financial Assessment. Be sure to indicate if there has been a change since the last assessment and document relevant trends or historical shifts.
Follow-Up	Provide the applicable follow-up steps required based on the Risk Level and BOCC’s General Financial Assessment Statement above (e.g., Technical Assistance, Follow-Up in X months, etc.)

SUMMARY OF ANNUAL FINANCIAL STATEMENT REVIEW (BOCC)

Provide the below requested information from the Audited Financial Statement Review. If not conducted or other caveats, please indicate in the below*.

*Notes: If applicable, enter relevant notes or enter N/A.

Fiscal Year Ending in	Audit Findings	Total Agency Expenses (in Thousands)	Working Capital Ratio	Risk In Meeting Short-term Obligation	Net Surplus/(Deficit) for the Fiscal Year (in Thousands)	Days of Operating Cash Reserves



CITYWIDE FISCAL AND COMPLIANCE MONITORING ASSESSMENT

Provide the requested Citywide Fiscal and Compliance Monitoring information below for the subject Agency. Refer to Section K for definitions.

Assessment Fiscal Year	FY: Enter FY	FY: Enter FY	FY: Enter FY
Type of Monitoring	Select One.	Select One.	Select One.
Monitoring Results	Select One.	Select One.	Select One.
Monitoring Summary	Enter a concise summary of the Monitoring for the subject Agency.	Enter a concise summary of the Monitoring for the subject Agency.	Enter a concise summary of the Monitoring for the subject Agency.
Follow-Up	If applicable, provide the follow-up steps required based on the Monitoring information above (e.g., Corrective Action Plan, Technical Assistance, etc.)	If applicable, provide the follow-up steps required based on the Monitoring information above (e.g., Corrective Action Plan, Technical Assistance, etc.)	If applicable, provide the follow-up steps required based on the Monitoring information above (e.g., Corrective Action Plan, Technical Assistance, etc.)

F. Annual Program Monitoring Summary (BOCC)

Provide the requested scores below for each program and enter "N/A" if not scored. Add additional rows for each program, as needed. If additional explanation is needed, provide in the notes column, last section of this Report, and/or attach the Program Monitoring Report(s), if necessary.

Program(s)	FY: Enter FY				FY: Enter FY				FY: Enter FY				Notes
	Performance	Deliverables	Compliance	Client Satisfaction	Performance	Deliverables	Compliance	Client Satisfaction	Performance	Deliverables	Compliance	Client Satisfaction	
Enter Program Name													
Enter Program Name													
Enter Program Name													
Enter Program Name													
Enter Program Name													
Enter Program Name													



G. Plan of Action(s), Technical Assistance, Agency Technical Assistance Plan(s), and Corrective Action Plan(s) Historical Summary

Provide a bullet point summary of the following, where applicable. Attach relevant documents (e.g., the Corrective Action Plan(s), Agency Technical Assistance Plan(s), etc.), as needed. If not applicable, enter N/A. See list of definitions in Section K.

Plan of Action(s) – POA(s)	Provide a bullet point, chronological summary of the past and current POA(s), be sure to include the current status.
Technical Assistance - TA	Provide a bullet point, chronological summary of the past and current TA, be sure to include the current status.
Agency Technical Assistance Plan(s) - ATAP(s)	Provide a bullet point, chronological summary of the past and current ATAP(s), be sure to include the current status.
Corrective Action Plans - CAP(s)	Provide a bullet point, chronological summary of the past and current CAP(s), be sure to include the current status.



H. Early Warning Description and Other Notes

EARLY WARNINGS

Provide a description, timeline, and other relevant information regarding the identified Early Warning(s) for the subject Agency, if applicable. If not applicable, enter N/A.

If necessary, use this space to provide a bullet point list of Early Warning(s). In your list, remember to provide a detailed description, timeline up to current point in time, severity of the warning, impact of the warning if left unmitigated, and any potential mitigation strategies to be employed.

OTHER NOTES

Provide any additional performance monitoring or financial stability notes regarding this Agency, if applicable. If not applicable, enter N/A.

If necessary, use this space to provide a bullet point list of notes regarding this Agency's assessment of Performance Monitoring and Financial Stability. Also included in this list are any additional Monitoring Issues identified. In your list, remember to provide a detailed description, timeline, severity of issue, issue owner, impact of the issue, and any mitigation strategies employed.

Examples of additional information re Program Monitoring: # Performance Objective Issues, # Deliverable Issues, # Compliance Issues, Client Satisfaction results, # Plans of Actions, and/or description of required follow-up steps. If no additional notes are needed, enter N/A.

Examples of other Monitoring Issues identified: Whistleblower Audits, Grievances, Chart Audits, Unusual Occurrences (UOs) and Critical Incident Reviews (CIRs), etc.



Part II: Additional Program Detail by Contract

I. Current Programs by Contract

Provide the below requested information for **ALL** programs within the above listed DPH contracts with the subject Agency. Add rows as needed.

Contract ID #	DPH Division/Section	DPH System of Care/ Branch/Unit	Program Type	Program Name <i>(per the contract)</i>	Program Start Date <i>(mark only one)</i>	Notes
1 CID#: Enter CID#	DPH Section: Choose an item. If Other: Enter section.	System of Care/ Branch/Unit: Select One	Program Type: Select One If Not Listed Above: Enter program type or N/A.	Program Name: Enter Program Name	<input type="checkbox"/> Program Started with Original Agreement <input type="checkbox"/> Program Start Date: Select date	Notes: If applicable, enter any relevant notes re this program or type N/A.
2 CID#: Enter CID#	DPH Section: Choose an item. If Other: Enter section.	System of Care/ Branch/Unit: Select One	Program Type: Select One If Not Listed Above: Enter program type or N/A.	Program Name: Enter Program Name	<input type="checkbox"/> Program Started with Original Agreement <input type="checkbox"/> Program Start Date: Select date	Notes: If applicable, enter any relevant notes re this program or type N/A.
3 CID#: Enter CID#	DPH Section: Choose an item. If Other: Enter section.	System of Care/ Branch/Unit: Select One	Program Type: Select One If Not Listed Above: Enter program type or N/A.	Program Name: Enter Program Name	<input type="checkbox"/> Program Started with Original Agreement <input type="checkbox"/> Program Start Date: Select date	Notes: If applicable, enter any relevant notes re this program or type N/A.
4 CID#: Enter CID#	DPH Section: Choose an item. If Other: Enter section.	System of Care/ Branch/Unit: Select One	Program Type: Select One If Not Listed Above: Enter program type or N/A.	Program Name: Enter Program Name	<input type="checkbox"/> Program Started with Original Agreement <input type="checkbox"/> Program Start Date: Select date	Notes: If applicable, enter any relevant notes re this program or type N/A.



Part III: Reference Information

J. Completion Guide

Below is a general guide regarding the responsible party and timeline for each Report Section.

Section		Responsible Party	Update Frequency
A.	Agency Information	CDTA	
B.	Current Agency Contracts	CDTA/Contracts	
C.	Performance + Financial Stability Concern Highlights	All	Update upon occurrence
D.	Agency Financial Mitigations and Obligations	DPH Fiscal	Update upon determination of mitigation or obligation
E.	Fiscal Monitoring & Analysis (BOCC)	BOCC – Wasim Samara	Update upon occurrence
F.	Annual Program Monitoring Summary (BOCC)	BOCC – Nick Hancock (and BOCC Compliance Managers to add descriptive detail as applicable)	Update upon occurrence
G.	Plan of Action(s), Technical Assistance, Agency Technical Assistance Plan(s), and Corrective Action Plan(s) Historical Summary	Plan(s) of Action – BOCC All Others - CDTA	Update upon occurrence
H.	Early Warning Description and Other Notes (and See Flag Part 1, Section C)	All	Update upon occurrence
I.	Current Programs by Contract	TBD	



K. Definitions

	Term	Definition	Policy Owner <i>(linked to source)</i>
Citywide Nonprofit Monitoring and Capacity Building Program	Citywide Fiscal and Compliance Monitoring Program	<ul style="list-style-type: none"> • The Controller’s Office coordinates the Citywide Fiscal and Compliance Monitoring Program to promote efficient monitoring that uses consistent standards and methods among the 12 City departments that are the primary funders of health and social services. • The Program aims to ensure public funds are spent in alignment with the City’s financial and administrative standards and that nonprofit contractors have strong, sustainable fiscal operations. • Below are the four types of Citywide Fiscal and Compliance Monitoring: <ul style="list-style-type: none"> ○ Excluded from Citywide Monitoring: Per the Controller’s Office Citywide Fiscal and Compliance Monitoring Program, Governmental agencies and universities, For-profit agencies, and Nonprofit agencies that are in the housing development sector are excluded from this Program ○ Core Monitoring: Monitoring focuses on financials and board governance ○ Expanded Monitoring: Monitoring across all four areas of fiscal and compliance standards – accounting and budgeting, financial statements, policy and operations, and governance ○ Good Performance Waiver: Granted to agencies with solid track records; a waiver can be granted every other year • Below are the five types of Monitoring Results: <ul style="list-style-type: none"> ○ Meets all Standards and Best Practices ○ Does not meet Best Practices but meets all Standards ○ Does not meet one or more standards (has a finding) ○ Elevated Concern Status: When a nonprofit City contractor has repeated findings or has a critical finding (i.e., going concern in its audit). Technical Assistance through the Controller’s Office will be provided in this case. ○ Red Flag Status: When a nonprofit is at imminent risk of losing its funding for mismanagement or being unable to perform services per its grant or contract. This can lead to defunding of the agency. 	Controller’s Office
	Corrective Action Plan (CAP)	<ul style="list-style-type: none"> • A list of activities a nonprofit must perform within the context of the Citywide Nonprofit Monitoring and Capacity Building Program. All nonprofits <u>with findings</u> will be required to come into compliance through completion of activities detailed in their Corrective Action Plan. • A Corrective Action Plan does not indicate overall poor performance or put a nonprofit’s contract with the City in jeopardy. It should not be confused with the status of “elevated concern”, or “red flag”. 	Controller’s Office
	Technical Assistance (TA)	<ul style="list-style-type: none"> • In cases where corrective action is required, City departments may also recommend or require technical assistance offered by the Controller’s Office, an external contractor, and/or City departmental staff to assist nonprofits. 	Controller’s Office



	Term	Definition	Policy Owner <i>(linked to source)</i>
DPH General Financial Assessment	Audited Financial Statement Review	<ul style="list-style-type: none"> Community-Based Organizations are required to send their audited financial statements annually, six months after its year-end close date, to DPH’s Business Office of Contract Compliance (BOCC). BOCC tracks the submission of these statements, reviews, and score, them. Scores are recorded each year to determine any negative trends that raise concerns or prompts for technical assistance. 	Business Office of Contract Compliance
DPH Annual Program Monitoring	Plan of Action (POA)	<ul style="list-style-type: none"> A Plan of Action (POA) is issued by BOCC for any deficiencies noted during the annual monitoring process. It is a notice to the program and DPH Business Owner that an issue has been detected that requires attention and that a detailed response is required. Common Triggers: Possible reasons for a POA include failure to meet performance objectives or units of service deliverables, lack of a current fire clearance, or low participation rates in a client satisfaction survey. Required Triggers: While issuing a POA is largely at the discretion of the BOCC Compliance Manager, there are certain things, such as the lack of proper fire clearance or an overall program monitoring score of 2 or less, that automatically require a POA. 	Business Office of Contract Compliance
Various	Agency Technical Assistance Plan (ATAP)	<ul style="list-style-type: none"> Issues tracked and addressed through a formal process and set of steps where technical assistance is provided. These internal interventions are intended to occur at the front-end of the process and are typically DPH only contracts. These issues may become known through the contract development process, a site visit, an audit, site certification, a client complaint, a whistle-blower, an incident report, or from the agency staff speaking with DPH staff directly. In all cases, the DPH staff member who received the information must speak with the Contract Development and Technical Assistance (CDTA) Program Manager (PM) assigned to the agency’s contract. 	Contract Development and Technical Assistance